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TO Foster** Interectual property law
Biotech/Chemical
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Business Methods
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Thomas B. Foster, Patent Attorney

Via Facsimile

June 26, 2006

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

> Appl No.: 10/607,093 Filed: 25 June 2003 Inventor: LEISHER, Steven Our Ref.: 6057,003-01

Sir:

The following documents are forwarded herewith for appropriate action by the United States Patent and Trademark Office:

- Information Disclosure Statement
- 2. PTO/SB/08B Form with two non patent literature documents
- Completed PTO/SB/17 Form (Fee Transmittal)
- 4. Completed PTO/SB/21 Form (Transmittal Form)

Prompt action is respectfully requested.

Respectfully Submitted,

TDFoster - Intellectual Property/Litigation/Corporate Law

Thomas D. Foster, Esq. Attorney of Record

Registration No. 44,686

12760 High Bluff Drive, Sulte 300 • San Diego, CA 92130 • Phone 858.922.2170 • Fax 858.259.6008 • www.tdfoster.com

Under the Paperwork Reduction Act of 1995. no	persons are required to respond to a col	Patent and Trademar	k Office: t	PTO/SB/21 (09-04) through 07/31/2006. OMB 0851-0031 J.S. DEPARTMENT OF COMMERCE displays a valid OMB control number.
	Application Number	10/607.093		
TRANSMITTAL	Filing Date	25 June 2003		BECEIVED
FORM	First Named Inventor	LEISHER, Sleven		CENTRAL FAX CENTE
•	Art Unit	3626		OCHTE AN OCHTE
(to be used for all correspondence after initial filit	Examiner Name	BLECK, CAROLYN	M	JUN 2 6 2006
Total Number of Pages in This Submission 7	Attorney Docket Number	6057.003-01		
	ENCLOSURES (Check all	that apply)		
Fee Transmittal Form	Drawing(s)			Allowance Communication to TC
Fee Attached	Licensing-related Papers	الا	of App	eals and Interferences
Amendment/Reply After Final Affidavlts/declaration(s)	Petition Patition to Convert to a Provisional Application Power of Attorney, Revocatio Change of Correspondence A Terminal Disclaimer		Propri Status Other	al Communication to TC al Notice, Brief, Reply Brief) etary Information is Letter Enclosure(s) (please Identify
Extension of Time Request Express Abandonment Request Information Disclosure Statement	Request for Refund CD. Number of CD(s) Landscape Table on CD		below):
	Remarks 1) Cover letter 2) Form POT/SB/08B			
SIGNAT	URE OF APPLICANT, ATTO	RNEY, OR AG	ENT	
Firm Name TDFoster	2			
Signature				
Printed name Thomas D. Foster				
Date 26 June 2006	· ·	Reg. No. 44686	3	
I hereby certify that this correspondence is bei sufficient postage as first class mail in an enve the date shown below:	RTIFICATE OF TRANSMISS ng facsimile transmitted to the USPT lope addressed to: Commissioner fo	O or deposited wi	th the Ur x 1450,	hited States Postal Service with Alexandria, VA 22313-1450 on
Signature				
Typed or printed name Adminas D. Foster	5		Date	26 June 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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15:59

JUN-26-2006

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U.S. Patern and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). RECEIVED Application Number 10/607,093 FEE TRANSMITTAL CENTRAL HAX CENTER 25 June 2003 Filing Date LEISHER, Steven For FY 2006 First Named Inventor JUN 216 2006 BLECK, CAROLYN M Examiner Name Applicant claims small entity status. See 37 CFR 1.27 3626 Art Unit 6057.003-01 TOTAL AMOUNT OF PAYMENT Attorney Docket No. METHOD OF PAYMENT (check all that apply) Money Order None Credit Card Check Deposit Account Deposit Account Number: Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES** SEARCH FEES **FILING FEES** Small Entity Small Entity Small Entity Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fec (\$) **Application Type** Fee (\$) Fee (\$) 100 500 250 Utility 300 150 130 65 200 100 100 50 Design 160 80 300 200 100 150 Plant 600 300 150 500 250 300 Reissue 0 0 200 100 Provisional Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 50 25 Each claim over 20 (including Reissucs) 100 200 Each independent claim over 3 (including Reissues) 360 180 Multiple dependent claims Multiple Dependent Claims Fee Pald (\$) Extra Claims Feo (\$) **Total Claims** Fee (\$) Fee Paid (\$) - 20 or HP = HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims HP = highest number of independent claims paid for, if greater than 3. **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer

Other (c.g., late filing surcharge):		
SUBMITTED 6Y Signature	Registration No. 44686	Telephone 858.922.2170
Name (Print/Type) Fluminas D. Foster	(Attorney/Agent) 44000	Date 26 June 2006

listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50

/ 50 =

Non-English Specification, \$130 fee (no small entity discount)

OTHER FEE(S)

This collection of information is required by 37 CFR 1,138. The information is required to obtain or retain a benefit by the public which is to file (and by the Inis collection of information is required by 37 CFR 1,138. The information is required to collain or retain a behein by the public which is to tile (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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(round up to a whole number) X

RECEIVED **CENTRAL FAX CENTER**

JUN 2 6 2006

Patent

Docket Number: 6057,003-1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:)
LEISHER, et al.) Examiner: BLECK, CAROLYN M
Application No.: 10/607,093) Art Unit: 3626
Filed: 25 June 2003))
For: METHOD, SYSTEM AND APPARATUS FOR FORMING AN INSURANCE PROGRAM	,)))
Commissioner for Patents	

Commissioner for Patents PO Box 1450 Alexandria, VA 22313

Sir:

INFORMATION DISCLOSURE STATEMENT

Applicant respectfully submits this information disclosure statement for the above referenced U.S. Patent Application. This statement is filed before the First Office Action on the merits. Thus, no fee is deemed necessary.

Respectfully submitted,

Date: 26 June 2006

Thomas D. Foster, Esq.

Reg. No. 44686

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WIRTZ HELLENKAMP LLP

858 259 6008 P.05/08

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p a collection of information unless it contains a valid OMB control number.

					Complete if Known			
Substitute for form 1449/PTO		Application Number	10/607,093					
INFORMATION DISCLOSURE					Filing Date	25 June 2003		
STATEMENT BY APPLICANT		First Named Inventor	LEISHER, Steven					
				Art Unit	3626			
(Use as many sheets as necessary)		Examiner Name	BLECK, CAROLYN M					
Sheet	1		of	1	Attorney Docket Number	6057.003-01		

		NON PATENT LITERATURE DOCUMENTS	
Examiner Initials*	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	⊤²
/R.R./		GB Patent Office Examination Report for BG0428163.0 dated 16 June 2005	
/R.R./		EPO Declaration for Appl. No. EP 03 76 2196 dated 18 May 2006	
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06/23/2008 Date Examiner /Rajiv Raj/ Considered Signature EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not

considered. Include copy of this form with next communication to applicant. considered. Include copy of this form with next communication to applicant.

1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.

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